

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 434734

1. Corporation Name

GOLD CROWN DENTAL LAB, INC.

Principal Place of Business

10715 SW 190TH STREET
#11
MIAMI FL 33157

Mailing Address

10715 SW 190TH STREET
#11
MIAMI FL 33157

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/1973

5. FEI Number

59-1483826

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RUDES, BARRY	1460 TAGUS AVENUE	CORAL GABLES FL 33156
SD	RUDES, CLAUDIA	1460 TAGUS AVENUE	CORAL GABLES FL 33156

8. Name and Address of Current Registered Agent

RUDES, BARRY
1460 TAGUS AVENUE
CORAL GABLES FL 33156

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Barry Rudes
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/25/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Barry Rudes
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20/02 305-666-9256

FILED

02 NOV 25 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR20040 (8/02)

Gold Crown Dental Lab, Inc.
10715 S.W. 190 Street #11
Miami, Florida 33157
305 238-0268

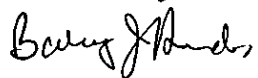
FEI # 59-1483826

October 28, 2002

Florida Department of State:

At this time I want to notify the State that I never received prior uniform business report notices. I am enclosing payment of \$150.00 for the fee as I have no intention of dissolving my corporation. I hope this will settle this matter and I will be in good standing with the Florida Department of State.

Sincerely,



Barry Rudes, President